

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Rely on Your Beliefs Fund

ADDRESS (number and street)

209 Pennsylvania Avenue, SE

☐ Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00344648

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul Kilgore

Signature of Treasurer

Paul Kilgore

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Rely on Your Beliefs Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">253973.48</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">219583.50</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">101000.00</span>	<span style="border: 1px solid black; padding: 2px;">179500.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">320583.50</span>	<span style="border: 1px solid black; padding: 2px;">433473.48</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">80025.17</span>	<span style="border: 1px solid black; padding: 2px;">192915.15</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">240558.33</span>	<span style="border: 1px solid black; padding: 2px;">240558.33</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Rely on Your Beliefs Fund

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
03 / 01 / 2013

To:

M M / D D / Y Y Y Y Y  
03 / 31 / 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

7500.00

23000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7500.00

23000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

93500.00

156500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

101000.00

179500.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

101000.00

179500.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

101000.00

179500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	40025.17	136915.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	40025.17	136915.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	55000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1000.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	80025.17	192915.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80025.17	192915.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	101000.00	179500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	101000.00	178500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	40025.17	136915.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	40025.17	136915.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 24  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

## **A. Christine Burgeson**

Mailing Address 2403 N Utah St

City  
Arlington

State Zip Code  
VA 22207-4029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Airlines for America

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2013

**Transaction ID : 30418.C1536**

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

## **B. Sam Geduldig**

Mailing Address 1519 Pathfinder Ln

City  
Mc Lean

State Zip Code  
VA 22101-3509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clark, Lytle, & Geduldig

Occupation

Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2013

**Transaction ID : 30319.C1519**

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

## **C. Mike Rehwinkel**

Mailing Address 130 N Garland Ct Apt 3705

City  
Chicago

State Zip Code  
IL 60602-4816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evrax NA

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2013

**Transaction ID : 30418.C1546**

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7500.00

7500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

## **A. Action Comm for Rural Electrification**

Mailing Address 4301 Wilson Blvd

City  
Arlington

State Zip Code  
VA 22203-1867

FEC ID number of contributing  
federal political committee.

**C** C00002972

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2013

Transaction ID : 30418.C1537

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

## **B. AICPA PAC**

Mailing Address 1455 Pennsylvania Ave NW

City  
Washington

State Zip Code  
DC 20004-1008

FEC ID number of contributing  
federal political committee.

**C** C00077321

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2013

Transaction ID : 30418.C1540

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

## **C. Altria Group PAC**

Mailing Address 101 Constitution Ave NW Ste 400

City  
Washington

State Zip Code  
DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C** C00089136

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2013

Transaction ID : 30319.C1520

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

## **A. American Physical Therapy PAC**

Mailing Address 1111 N Fairfax St

City

Alexandria

State

VA

Zip Code

22314-1484

FEC ID number of contributing  
federal political committee.

C

C00012880

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2013

**Transaction ID : 30418.C1530**

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

## **B. American Veterinary Medical Assn PAC**

Mailing Address 1910 Sunderland PI NW

City

Washington

State

DC

Zip Code

20036-1608

FEC ID number of contributing  
federal political committee.

C

C00114132

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2013

**Transaction ID : 30418.C1533**

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

## **C. Automotive Free International Trade PAC**

Mailing Address 1625 Prince St Ste 225

City

Alexandria

State

VA

Zip Code

22314-2882

FEC ID number of contributing  
federal political committee.

C

C00250399

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2013

**Transaction ID : 30418.C1534**

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ►

15000.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 24

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

## **A. Bipartisan PAC/Bank of NY Mellon Corp**

Mailing Address Bny Mellon Center Rm 710

City

Pittsburgh

State

PA

Zip Code

15258-0001

FEC ID number of contributing  
federal political committee.

C

C00017558

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2013

**Transaction ID : 30418.C1538**

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

## **B. Credit Suisse Securities PAC**

Mailing Address 1201 F St NW Ste 450

City

Washington

State

DC

Zip Code

20004-1214

FEC ID number of contributing  
federal political committee.

C

C00111559

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2013

**Transaction ID : 30319.C1525**

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

## **C. Dealers Election Action Committee**

Mailing Address 8400 Westpark Dr

City

West McLean

State

VA

Zip Code

22102-5116

FEC ID number of contributing  
federal political committee.

C

C00040998

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2013

**Transaction ID : 30418.C1532**

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ►

8500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 24

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

## **A. Deloitte Federal PAC**

Mailing Address PO Box 365

City  
Washington

State Zip Code  
DC 20044-0365

FEC ID number of contributing  
federal political committee.

**C** C00211318

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **31** / **2013**

**Transaction ID : 30418.C1545**

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

## **B. Edward Jones PAC**

Mailing Address 12555 Manchester Rd

City  
Saint Louis

State Zip Code  
MO 63131-3710

FEC ID number of contributing  
federal political committee.

**C** C00410407

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

**03** / **14** / **2013**

**Transaction ID : 30319.C1528**

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

## **C. Express Scripts Inc. PAC**

Mailing Address 1 Express Way

City  
Saint Louis

State Zip Code  
MO 63121-1824

FEC ID number of contributing  
federal political committee.

**C** C00365072

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **29** / **2013**

**Transaction ID : 30418.C1529**

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ►

11000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 24  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

## **A. General Motors Corporation PAC**

Mailing Address 25 Massachusetts Ave NW Ste 400

City State Zip Code  
 Washington DC 20001-1431

FEC ID number of contributing  
federal political committee.

**C** C00076810

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **31** / **2013**

**Transaction ID : 30418.C1541**

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

## **B. KOCHPAC**

Mailing Address 600 14th St NW Ste 800

City State Zip Code  
 Washington DC 20005-2099

FEC ID number of contributing  
federal political committee.

**C** C00236489

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **07** / **2013**

**Transaction ID : 30319.C1521**

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

## **C. KOCHPAC**

Mailing Address 600 14th St NW Ste 800

City State Zip Code  
 Washington DC 20005-2099

FEC ID number of contributing  
federal political committee.

**C** C00236489

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **14** / **2013**

**Transaction ID : 30319.C1527**

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

## **A. Mastercard International Employees PAC**

Mailing Address 1401 I St NW Ste 240

City	State	Zip Code
Washington	DC	20005-6509

FEC ID number of contributing federal political committee.

**C** C00410274

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **31** / **2013**

Transaction ID : 30418.C1542

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

## **B. Monsanto Citizenship Fund**

Mailing Address 800 N Lindbergh Blvd

City	State	Zip Code
Saint Louis	MO	63167-0001

FEC ID number of contributing federal political committee.

**C** C00042069

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **07** / **2013**

Transaction ID : 30319.C1523

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

## **C. Novartis PAC**

Mailing Address 701 Pennsylvania Ave NW Ste 725

City	State	Zip Code
Washington	DC	20004-2608

FEC ID number of contributing federal political committee.

**C** C00033969

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **31** / **2013**

Transaction ID : 30418.C1544

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

## **A. Pricewaterhouse Coopers PAC**

Mailing Address 1301 K St NW Ste 800

City  
Washington

State Zip Code  
DC 20005-3317

FEC ID number of contributing  
federal political committee.

**C** C00107235

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2013

Transaction ID : 30418.C1535

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

## **B. Sprint Nextel PAC**

Mailing Address 6450 Sprint Pkwy

City  
Overland Park

State Zip Code  
KS 66251-6105

FEC ID number of contributing  
federal political committee.

**C** C00089342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2013

Transaction ID : 30418.C1539

Amount of Each Receipt this Period

3000.00

Receipt

Full Name (Last, First, Middle Initial)

## **C. Swisher International, Inc. PAC**

Mailing Address 459 E 16th St

City  
Jacksonville

State Zip Code  
FL 32206-3025

FEC ID number of contributing  
federal political committee.

**C** C00312785

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2013

Transaction ID : 30319.C1524

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 24

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

## **A. United States Cellular Corp. PAC**

Mailing Address 8410 W Bryn Mawr Ave

City State Zip Code  
Chicago IL 60631-3408

FEC ID number of contributing  
federal political committee.

**C** C00336057

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **31** / **2013**

**Transaction ID : 30418.C1543**

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

## **B. Wal-Mart Stores, Inc. PAC**

Mailing Address 702 SW 8th St

City State Zip Code  
Bentonville AR 72716-6209

FEC ID number of contributing  
federal political committee.

**C** C00093054

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **07** / **2013**

**Transaction ID : 30319.C1522**

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

## **C. Wine & Spirits Wholesalers America PAC**

Mailing Address 805 15th St NW Ste 430

City State Zip Code  
Washington DC 20005-2273

FEC ID number of contributing  
federal political committee.

**C** C00147173

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **29** / **2013**

**Transaction ID : 30418.C1531**

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ►

15000.00

**TOTAL** This Period (last page this line number only)..... ►

93500.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 24

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

## **A. Disney Destinations**

Mailing Address 1700 Epcot Resorts Blvd

City  
Orlando

State  
FL

Zip Code  
32830-8407

Purpose of Disbursement  
PAC Event Facility/Catering/Lodging

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
 03 / 13 / 2013

**Transaction ID : 30319.E2536**

Amount of Each Disbursement this Period

17805.17

PAC EVENT FACILITY/CATERING/LODGING

Full Name (Last, First, Middle Initial)

## **B. Disney Destinations**

Mailing Address 1700 Epcot Resorts Blvd

City  
Orlando

State  
FL

Zip Code  
32830-8407

Purpose of Disbursement  
PAC Event Facility/Catering/Lodging

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
 03 / 31 / 2013

**Transaction ID : 30418.E2556**

Amount of Each Disbursement this Period

1000.00

PAC EVENT FACILITY/CATERING/LODGING

Full Name (Last, First, Middle Initial)

## **C. GMD Technologies**

Mailing Address PO Box 3663

City  
Jackson Hole

State  
WY

Zip Code  
83001-3663

Purpose of Disbursement  
PAC IT Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
 03 / 07 / 2013

**Transaction ID : 30319.E2515**

Amount of Each Disbursement this Period

225.00

PAC IT SERVICES

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

19030.17





<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Rely on Your Beliefs Fund

12167.82

163.18

5374.75

SEE BELOW

5537.93

\_\_\_\_\_

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A. Senate Dining Room**

Mailing Address U.S. Capitol Building

City Washington      State DC      Zip Code 20001-

Purpose of Disbursement  
PAC Meeting Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2013

Transaction ID : 30319.E2517

Amount of Each Disbursement this Period

325.85

[MEMO ITEM]

MEMO: PAC MEETING EXPENSE

Full Name (Last, First, Middle Initial)

**B. Ristorante Tosca**

Mailing Address 1112 F St NW

City Washington      State DC      Zip Code 20004-

Purpose of Disbursement  
PAC Event Catering

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2013

Transaction ID : 30319.E2518

Amount of Each Disbursement this Period

270.40

[MEMO ITEM]

MEMO: PAC EVENT CATERING

Full Name (Last, First, Middle Initial)

**C. The Monocle**

Mailing Address 107 D St NE

City Washington      State DC      Zip Code 20002-5657

Purpose of Disbursement  
PAC Event Catering

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2013

Transaction ID : 30319.E2521

Amount of Each Disbursement this Period

268.88

[MEMO ITEM]

MEMO: PAC EVENT CATERING

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 24

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

## **A. Universal Orlando**

Mailing Address 6000 Universal Blvd

City Orlando State FL Zip Code 32819-

Purpose of Disbursement  
PAC Travel Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 30319.E2527**

Amount of Each Disbursement this Period

440.94

**[MEMO ITEM]**

MEMO: PAC TRAVEL EXPENSES

Full Name (Last, First, Middle Initial)

## **B. Halo Branded Solutions**

Mailing Address 671 Creekwood Trail

City Marietta State GA Zip Code 30068-

Purpose of Disbursement  
PAC Gifts

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 30319.E2528**

Amount of Each Disbursement this Period

742.49

**[MEMO ITEM]**

MEMO: PAC GIFTS

Full Name (Last, First, Middle Initial)

## **C. Dan Williams**

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement  
PAC Rent & Phones

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

**Transaction ID : 30418.E2537**

Amount of Each Disbursement this Period

519.08

PAC RENT & PHONES

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

519.08

39996.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

**A. Alexander for Senate 2014, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2013

Mailing Address 228 S Washington St Ste 115

City	State	Zip Code
Alexandria	VA	22314-5404

**Transaction ID : 30319.E2534**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

**LAMAR ALEXANDER**Category/  
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

CONTRIBUTION

State: TN District: 00

Full Name (Last, First, Middle Initial)

**B. Alexander for Senate 2014, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2013

Mailing Address 228 S Washington St Ste 115

City	State	Zip Code
Alexandria	VA	22314-5404

**Transaction ID : 30319.E2535**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

**LAMAR ALEXANDER**Category/  
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

CONTRIBUTION

State: TN District: 00

Full Name (Last, First, Middle Initial)

**C. Collins for Senator**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2013

Mailing Address PO Box 1096

City	State	Zip Code
Bangor	ME	04402-1096

**Transaction ID : 30418.E2538**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

**SUSAN M COLLINS**Category/  
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

CONTRIBUTION

State: ME District: 00

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

**A. Texans for Senator John Cornyn Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2013

Mailing Address PO Box 13026

City	State	Zip Code
Austin	TX	78711-3026

**Transaction ID : 30418.E2544**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

**JOHN CORNYN**Category/  
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. Friends of Jim Inhofe Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2013

Mailing Address PO Box 13300

City	State	Zip Code
Oklahoma City	OK	73113-1300

**Transaction ID : 30418.E2540**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

**JAMES M INHOFE**Category/  
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OK District: 00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. McConnell Senate Committee 14**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2013

Mailing Address PO Box 1496

City	State	Zip Code
Louisville	KY	40201-1496

**Transaction ID : 30418.E2539**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

**MITCH MCCONNELL**Category/  
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KY District: 00

CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A. Pat Roberts for US Senate Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2013

Mailing Address PO Box 433

City	State	Zip Code
Great Bend	KS	67530-0433

**Transaction ID : 30418.E2545**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

PAT ROBERTS

Category/  
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

CONTRIBUTION

State: KS District: 00

Full Name (Last, First, Middle Initial)

**B. Tim Scott for Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2013

Mailing Address 1405 Ashley River Rd

City	State	Zip Code
Charleston	SC	29407-5305

**Transaction ID : 30418.E2541**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

CONTRIBUTION

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

40000.00